



DEFINITIONS

Arizona Early Intervention Program

The following are standardized definitions used by the Arizona agencies providing services under IDEA, Part C. Additional definitions specific to a policy are located within the policy chapter.

ADE – Arizona Department of Education

ADHS – Arizona Department of Health Services

AHCCCS – Arizona Health Care Cost Containment System

ARS – Arizona Revised Statutes

ASDB - Arizona State Schools for the Deaf and the Blind

Arizona State Schools for the Deaf and the Blind (ASDB) Eligibility - ASDB serves children under the age of three who have:

- A. a hearing impairment, which is a permanent bilateral loss of hearing acuity, as determined by an audiologist; and
- B. a visual impairment, which means a permanent bilateral loss in visual acuity or a loss of visual field, as determined by an ophthalmological evaluation, that interferes with the child's development.

Assessment - the ongoing procedures used by appropriate, qualified personnel throughout a child's period of eligibility to identify:

- A. the child's unique strengths and needs and the services appropriate to meet those needs; and
- B. the resources, priorities and concerns of the family and the identification of supports and services necessary to enhance the family's capacity to meet the developmental needs of their infant or toddler with a disability.

AzEIP - Arizona Early Intervention Program - The collective effort of AzEIP participating agencies, private and public programs, and community members involved in providing services and supports to families and children with special needs.

AzEIP Eligibility - a child between birth and 36 months of age, who is developmentally delayed or who has an established condition that has a high probability of resulting in a developmental delay.

*Arizona Early Intervention Program
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- A. A child from birth to 36 months of age will be considered to exhibit developmental delay when that child has not reached 50 percent of the developmental milestones expected at his/her chronological age, in one or more of the following domains:
1. physical: fine and/or gross motor and sensory (includes vision and hearing);
 2. cognitive;
 3. language/communication;
 4. social or emotional; or
 5. adaptive (self-help).
- B. Established conditions that have a high probability of developmental delay include, but are not limited to: chromosomal abnormalities; metabolic disorders; hydrocephalus; neural tube defects (e.g., spinal bifida); intraventricular hemorrhage, grade 3 or 4; periventricular leukomalacia; cerebral palsy; significant auditory impairment; significant visual impairment; failure to thrive; and severe attachment disorders.

The state's definition of "eligible child" does not include children who are at risk of having substantial delays if early intervention services are not provided.

AzEIP Participating Agencies - The five state agencies identified in A.R.S. § 8-652 who are responsible for entering into Intergovernmental Agreements and maintaining and implementing a comprehensive, coordinated, interagency system of early intervention services. The five participating state agencies identified in A.R.S. §8-652 are: Arizona Department of Economic Security (DES); Arizona State Schools for the Deaf and the Blind (ASDB); Arizona Department of Health Services (ADHS); the Arizona Health Care Cost Containment System (AHCCCS); and the Arizona Department of Education (ADE).

AzEIP Service Providing Agencies - Those state agencies identified in A.R.S. § 8-652 that provide early intervention services under IDEA, Part C: Arizona Department of Economic Security and the Arizona State Schools for the Deaf and the Blind. The Arizona Department of Economic Security provides early intervention services through the DES, Arizona Early Intervention Program (DES/AzEIP) and the DES, Division of Developmental Disabilities (DES/DDD).

CFR – Code of Federal Regulations

Contract - a procurement contract under a grant or subgrant, an award or subaward, and a procurement subcontract under a recipient's or subrecipient's contract.

Core Team - the following constitutes a core team:

- A. occupation therapist;
- B. physical therapist;
- C. speech-language pathologist;
- D. developmental special instructionist (a.k.a. early interventionist or developmental specialist);
- and
- E. AzEIP service coordinator.

Days – Calendar days, unless otherwise specified.

DDD – Division of Developmental Disabilities within the Department of Economic Security

DES – Department of Economic Security – the Lead Agency for IDEA, Part C in Arizona.

DES/AzEIP - Arizona Department of Economic Security/Arizona Early Intervention Program - program within the Lead Agency designated to fulfill all lead agency functions and responsibilities.

Destruction - physical destruction of, or removal from, records of identifiers so information is no longer personally identifiable.

Developmental Delay – occurs when a child has not reached fifty percent (50%) of the development milestones expected at his/her chronological age in one or more of the following developmental domains:

- A. physical, including fine and/or gross motor, sensory;
- B. cognitive;
- C. language/communication;
- D. social or emotional; and
- E. adaptive/self-help.

Disclosure - to permit access to or the release, transfer, or other communication of personally identifiable information contained in education records, to any party, by any means, including oral, written or electronic.

Division of Developmental Disability Eligibility – a child under the age of six may be eligible for services if there is a strongly demonstrated potential that the child is or will become developmentally disabled as determined by appropriate tests. DDD defines developmental disabilities as cognitive disability, cerebral palsy, epilepsy, or autism. Eligibility for a child from birth to six years of age requires one of the following:

- A. the child has a diagnosis by a qualified professional of cerebral palsy, epilepsy, autism or cognitive disability; or
- B. the child has an established condition which puts him/her “at risk” for one of the four developmental disabilities. “At Risk” conditions that may lead to one of the four developmental disabilities include:
 - 1. Congenital infections such as rubella or CMV;
 - 2. Metabolic diseases with known mental retardation high-risk association, such as maple syrup urine or untreated hypothyroidism with high risk for cognitive disability;
 - 3. The parent or primary caregiver has a developmental disability, and there is a likelihood that without early intervention services, the child will become developmentally disabled;
 - 4. Other syndromes with known mental retardation high-risk association, such as, Cornelia de Lange or Prader-Willi Syndrome;
 - 5. Alcohol or drug-related birth defects, such as Fetal alcohol Syndrome (FAS);
 - 6. Birth weight less than 1000 grams 2.2 LBS with neurological impairment or significant medical involvement;
 - 7. Neonatal seizures (afebrile, i.e., not from a fever);
 - 8. Post natal traumatic brain injury;
 - 9. Hydrocephaly, Microcephaly, Meningitis, Encephalitis;
 - 10. Spina bifida with evidence of hydrocephalus or Arnold-Chiari malformation;
 - 11. Intraventricular Hemorrhage, Grade 3 or 4;
 - 12. Periventricular Leukomalacia; and

13. Chromosomal abnormalities with high risk of leading to a developmental disability, such as Down Syndrome or Fragile X.

The following conditions require a review from DDD of medical records and/or delays documented on a developmental assessment (diagnosis alone is not sufficient):

- A. Fetal Drug Exposure
- B. Fetal Alcohol Effects (FAS)
- C. Developmental Delay
- D. Pervasive Developmental Disorder (PDD)
- E. Failure to Thrive

Have demonstrated a significant developmental delay that indicates the potential for one of the four developmental disabilities. A significant developmental delay that may lead to one of the four developmental disabilities may occur when:

- A. the child has not reached 50 percent (2 standard deviations) of the developmental milestones expected at his/her chronological age in one of the following domains; or
- B. the child has not reached 75 percent of the developmental milestones expected at his/her chronological age in two or more of the following domains:
 1. Physical Development (fine and gross motor skills);
 2. Cognitive Development;
 3. Language/Communication Development;
 4. Self-help/Adaptive Skills; and
 5. Social-Emotional Skills.

Education records - those records that are:

- A. Directly related to a child referred to AzEIP and/or enrolled in AzEIP; and
- B. Maintained by AzEIP, an AzEIP Service Providing Agency, and/or their contractor for the purpose of providing early intervention services.

Early Intervention Services - those services identified in IDEA, Part C, which assist families in providing learning opportunities that facilitate their child's successful engagement in relationships, activities, routines, and events of everyday life. Services are provided in the context of the family's typical routines and activities so that information is meaningful and directly relevant to supporting the child to fully participate in his or her environment. Early intervention services are:

- A. designed to meet the developmental needs of each child who is AzEIP eligible, and the needs of the family, related to enhancing the child's development;
- B. selected in collaboration with the parents;
- C. provided under public supervision;
- D. provided by qualified personnel;
- E. provided in conformity with an Individualized Family Service Plan (IFSP);
- F. provided at no cost unless federal or state law provides for a system of payments by families, including a schedule of sliding fees;
- G. designed to meet State standards; and
- H. provided in a natural environment, to the maximum extent appropriate, including the home and community settings in which infants and toddlers without disabilities participate.

Early Intervention Services include:

- A. *Assistive technology device* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. *Assistive technology service* means the service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive Technology services include:
1. The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;
 2. Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
 3. Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
 4. Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
 5. Training or technical assistance for a child with disabilities or, if appropriate, that child's family; and
 6. Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.
- B. *Audiology* includes:
1. Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
 2. Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
 3. Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
 4. Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
 5. Provision of services for prevention of hearing loss; and
 6. Determination of the child's need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.
- C. *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child's development.
- D. *Health services* (only those services necessary to enable a child to benefit from other early intervention services and as fully described in 34 C.F.R. §303.13).
- E. *Medical services only for diagnostic or other evaluation purposes* means services provided by a licensed physician to determine a child's developmental status and need for early intervention services.
- F. *Nursing services* includes:

1. The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
2. Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
3. Administration of medications, treatments, and regimens prescribe by a licensed physician.

G. *Nutrition services* includes:

1. Conducting individual assessments in:
 - a. Nutritional history and dietary intake;
 - b. Anthropometric, biochemical, and clinical variables;
 - c. Feeding skills and feeding problems; and
 - d. Food habits and food preferences;
2. Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and
3. Making referrals to appropriate community resources to carry out nutrition goals.

H. *Occupational therapy* includes services to address the functional needs of a child related to adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, schools, and community settings, and include:

1. Identification, assessment, and intervention;
2. Adoption of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
3. Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

I. *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include:

1. Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
2. Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
3. Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

J. *Psychological services* include:

1. Administering psychological and developmental tests and other assessment procedures;
2. Interpreting assessment results;
3. Obtaining, integrating, and interpreting information about child behavior and child and family conditions related learning, mental health and development; and
4. Planning and managing a program of psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

- K. *Service coordination services* means assistance and services provided by a AzEIP service coordinator to a child eligible under this part and the child's family. The AzEIP Team-based model contractor AzEIP service coordinator shall serve as the single point of contact for:
1. Assisting and enabling the child's family to receive the rights, procedural safeguards, and services authorized to be provided by the State.
 2. Coordinating and monitoring the delivery of services across agency lines.
 3. Assisting parents in gaining access to the early intervention services and other services identified on their IFSP in a timely manner.
 4. Continuously seeking the appropriate services and situations necessary to benefit the development of the child.
 5. Ensuring coordination and completion of evaluations and assessments.
 6. Participating in the development, review, writing, and evaluation of the IFSP.
 7. Informing families of the availability of advocacy services.
 8. Coordinating with medical and health providers.
 9. Providing and explaining the AzEIP Family Survey to families at each annual IFSP meeting and at or near exit from early intervention. If requested by families, the AzEIP service coordinator assists the family in completing and/or submitting the survey.
 10. Ensuring designation of the appropriate educational/early intervention parent, including a surrogate parent, if needed.
 11. Facilitating timely transition planning to support the child's transition to preschool and other appropriate community services by their 3rd birthday. Transition planning includes notification to the Public Education Agency (PEA), convening a transition conference, and identifying and implementing the transition steps and services in accordance with the Transition Intergovernmental Agreement between the Arizona Department of Economic Security and the Arizona Department of Education.
 12. Ensuring that all required data is entered into the DES automated system; that the data is accurate, complete, and timely. Ensuring that data is submitted to AzEIP according to the prescribed schedule, and following up on any request from AzEIP for clarification, correction, or completion of data.
 13. Documenting the service coordination functions and maintaining the child's record.
 14. Ensuring the completion of the Child Indicators Summary form at or near an eligible child's entrance to and exit from the early intervention program.
 15. Participating in regular core team meetings.
 16. Gathering records and conducting developmental screenings, as appropriate to determine if the child is suspected of having a delay or disability.
 17. Meeting with the family and describing the purpose and scope of early intervention.
 18. Coordinating with the Multidisciplinary team and, if eligible, the Team Lead and other team members to ensure that information is shared with the family and, as appropriate, core team members.
 19. Identify professionals with appropriate expertise, licensure, and availability to provide non-AzEIP Team-based model contractor early intervention services.
- L. *Social work services* includes:
1. Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;

2. Preparing a social or emotional developmental assessment of the child within the family context;
3. Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
4. Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
5. Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services; and

M. *Special instruction* includes:

1. The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
2. Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
3. Providing families with information, skills, and support related to enhancing the skill development of the child; and
4. Working with the child to enhance the child's development.

N. *Speech-language pathology* includes:

1. Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal in those skills;
2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
3. Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

O. *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.

P. *Vision services* means:

1. Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorder, delays, and abilities;
2. Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
3. Communication skills training for orientation and mobility training, for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

Edgar – Education Department General Administrative Regulations.

Established Condition - diagnosis by a qualified physician or other qualified personnel, review of medical records, and based on informed clinical opinion, of a physical or mental condition, which has a high probability of resulting in a developmental delay.

Evaluation - procedures used in accordance with IDEA, Part C, to determine whether a child has a disability and the nature and extent of the special education and related services that the child needs. This evaluation includes:

- A. a review of existing information about the child;
- B. a decision regarding the need for additional information;
- C. if necessary, the collection of additional information; and
- D. a review of all information about the child and a determination of eligibility for special education services and needs of the child.

Evaluation tools used must be interpreted as designed. Generally, two standard deviations below the mean or an age equivalent indicating 50 percent delay meets AzEIP eligibility criteria. Informed clinical opinion must also be utilized in every eligibility determination. Evaluations are conducted (and billed) for two purposes only 1) to determine a child's initial eligibility for AzEIP, and 2) to re-determine a child's continuing eligibility for the program.

Fiscal Year - Federal fiscal year, beginning on October 1 and ending on the following September 30 or, for the State of Arizona, beginning on July 1 and ending on the following June 30.

Functional outcomes - outcomes that make day to day life for both the child and family easier, while also promoting the child's development, engagement, independence, and social relationships. They are identified by the family as a priority, with the support of the IFSP team. These outcomes reflect the discussions of the team about the child's participation within and across the family, community, and early childhood contexts that are part of the family's everyday life. The focus of those discussions should be to determine the child's interests, the family's interests, and the various activity settings in which the family already participates or is interested.

Grant - award of financial assistance in the form of money, or property in lieu of money, by the Federal Government to an eligible recipient. The term does not include:

- A. technical assistance which provides services instead of money;
- B. assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct appropriations; and
- C. assistance such as a fellowship or other lump sum award for which the grantee is not required to account.

Grantee – a nonprofit corporation or other legal entity to which a grant is awarded and which is accountable to the Federal Government for the use of the funds provided. The grantee is the entire legal entity even if only a particular component is designated in the award document.

Grant period - period for which funds have been awarded.

Grievance - complaint arising from an action, decision or policy by DES/AzEIP, a participating agency, or an agency under contract to DES/AzEIP or a participating agency, presented by an individual or entity.

ICC – Interagency Coordinating Council

IDEA - The Individuals with Disabilities Education Improvement Act

IDEA, Part C - The Individuals with Disabilities Education Act, Early Intervention Program for Infants and Toddlers with Disabilities

IFSP – Individualized Family Service Plan

Include; Including – means that the items names are not all of the possible items that are covered, whether like or unlike the ones named.

Individualized Family Service Plan (IFSP) - a written plan developed by a multidisciplinary team, including the parent, which includes:

- A. an integrated statement of the child's present levels of physical development, cognitive development, communication development, social or emotional development, and adaptive development, including health status, based on professionally acceptable objective criteria;
- B. with the concurrence of the family, a statement of the family's priorities, resources, and concerns related to enhancing the development of the child and supporting the family;
- C. a statement of the major functional outcomes expected to be achieved, and the criteria, procedures, and timelines which will be used to determine the degree to which progress is made and whether modifications/revisions of outcomes or services are necessary;
- D. a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified which will be provided and, for each of the services:
- E. the number of days or sessions, the length of time per session, and whether the service will be provided on an individual or group basis (frequency and intensity);
- F. how the service will be provided (such as consultation, direct service, etc.);
- G. the natural environments and contexts in which the services will be provided including, when appropriate, a justification of the extent to which the services will not be provided in a natural environment, including timelines;
- H. the actual place or places where the service will be provided (location);
- I. the payment arrangements, if any;
- J. to the extent appropriate, non-routine medical and other services the child needs, but are not required under IDEA, Part C, the potential funding sources for those services, and the steps that will be taken to help the family obtain those services. Routine medical services (such as immunizations and "well-baby" care) should not be included, unless a child needs those services and they are not otherwise available or being provided;
- K. the projected dates for beginning services as soon as possible after the IFSP meeting;
- L. the anticipated duration of services; and
- M. the name of the responsible AzEIP service coordinator.

- N. the steps to be taken to support the transition of the child to preschool services under IDEA, Part B, or to other appropriate community services, must also be included in the IFSP.

IFSP Team - the group of individuals who participate in each initial and annual IFSP and must include:

- A. the parent(s) or legal guardian of the child;
- B. other family members, if requested by the parent(s);
- C. an advocate or any other person outside of the family, if requested by the parent(s);
- D. the designated AzEIP service coordinator;
- E. the person(s) directly involved in conducting the assessment/evaluations; and
- F. person(s) who will be providing services, if appropriate.

If a person(s) directly involved in conducting the assessments/evaluations is not able to attend a meeting, arrangements must be made for the person's involvement through other means, including:

- A. participating in a telephone conference call;
- B. having a knowledgeable authorized representative attend the meeting; or
- C. making pertinent records available at the meeting.

Infants and Toddlers with Disabilities – individuals, from birth through age two, who need early intervention services because they are

- A. experiencing developmental delays as measured by appropriate diagnostic instruments and procedures in one or more of the following areas
 - 1. cognitive development;
 - 2. physical development, including vision and hearing;
 - 3. communication development;
 - 4. social or emotional development; and
 - 5. adaptive development; or
- B. have a diagnosed physical or mental condition that has a high probability of resulting

Informed Clinical Opinion – the process used by early intervention professionals in the evaluation and assessment process in order to make a recommendation as to initial and continuing eligibility for services under Part C and as a basis for planning services to support the child and family. Informed clinical opinion relies on the professional's developmental expertise in the meaningful synthesis and interpretation of qualitative and quantitative information to assist in forming a determination regarding difficult-to-measure aspects of current developmental status and the potential need for early intervention.

For the purposes of determining eligibility, each multidisciplinary evaluation team member applies his/her own developmental expertise in interpreting observation, interaction, evaluation and assessment, and records and makes a recommendation about the child's eligibility. However, the multidisciplinary team must reach consensus regarding the child's eligibility for AzEIP.

Initial Planning Process - the events and activities beginning with referral to AzEIP and include the referral, screening, evaluation, eligibility determination, and, if AzEIP eligible, assessment, identification of family priorities, resources, and interest, and the development of the IFSP. The

initial planning process is a seamless experience for families accomplished through relationships with the minimal number of individuals accessing a breadth of expertise. The initial planning process and practices lay the foundation for developing the collaborative relationship between the family and AzEIP, through giving and gathering information to facilitate appropriate next steps.

Initial Referral - the first time a child, birth to three, is referred to the Arizona Early Intervention Program via a AzEIP Team-based model contractor, DES/AzEIP, DDD or ASDB for the purpose of determining if s/he is eligible for AzEIP as a child with a developmental delay or disability and who might need early intervention. The “initial referral” is complete when sufficient contact information is provided to identify and locate the child, e.g. name, address and/or phone number.

Mediation - informal, voluntary, problem-solving process requiring both parties to work toward a solution with the assistance of a trained, impartial mediator. It may not be used to deny or delay the complaint, grievance and appeal process

Multidisciplinary – involvement of two or more disciplines or professions in provision of integrated and coordinated services including evaluation and assessment activities in 34 C.F.R. §303.322 and development of the IFSP In 34 C.F.R. §303.342.

Multidisciplinary Team - as defined in 34 C.F.R. §303.17, the involvement of two or more disciplines or professions in the provision of integrated and coordinated services, including evaluation and assessment. For the purposes of this contract, multidisciplinary evaluation team means two professionals representing physical therapy, occupational therapy, speech language pathology, or developmental special instruction. The multidisciplinary evaluation team cannot be two professionals from the same discipline. Professionals who are part of the multidisciplinary evaluation team should, to the extent possible, be regular members of the core team fulfilling both team lead and other core team roles.

Natural Environments - those settings that are natural or normal for the child’s age peers who have no disabilities. Early intervention services must, to the maximum extent appropriate, be provided in the natural environment. This includes the home and community settings, such as a park, restaurant, child care provider, etc, in which children without disabilities participate.

The Individualized Family Service Plan (IFSP) team may designate other than a natural environment only when the outcomes identified on the IFSP cannot be met providing the service in a natural environment. In the few situations where the team decides that it is impossible for the child to meet an outcome in a natural environment, it must provide justification for its decision and a plan with a timeline to provide the service in a natural environment.

Parent - a parent is defined as:

- (1) a natural, adoptive or foster parent of the child;
- (2) a guardian (but not the State if the child is a ward of the State);
- (3) a person acting in the place of a parent (such as a relative or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or
- (4) a surrogate parent who has been appropriately assigned.

Personally Identifiable Information - information includes but is not limited to:

- A. the name of the child, the child's parent or other family member;
- B. the address of the child or family;
- C. a personal identifier, such as the child's or parent's social security number; and/or
- D. a list of personal characteristics or other information, which would make it possible to identify the child with reasonable certainty

Policies - Arizona statutes, regulations, Governor's orders, directives by DES/AzEIP, or other written documents that represent Arizona's position concerning any matter covered under IDEA, Part C. These include:

- A. Arizona's commitment to maintain the statewide system;
- B. Arizona's eligibility criteria and procedures;
- C. the statement that services under this part will be provided at no cost to parents, except where a system of payments is provided under Federal or State law;
- D. Arizona's standards for personnel who provide services to children who are AzEIP eligible and their families;
- E. Arizona's position and procedures related to contracting or making other arrangements with service providers; and
- F. other positions that Arizona has adopted relating to implementing any and all of the requirements under IDEA, Part C.

Primary Agency – a participating agency which accepts responsibility for a child who is AzEIP eligible and the child's family, and for ensuring assignment of one service coordinator.

Procedure - supplements the policy guidelines by outlining the steps and sequences necessary to achieve desired policy results. Procedures are usually more specific and detailed than policies.

Qualified – having met Arizona-approved or recognized certification, licensing, registration or other comparable requirements that apply to the area in which a person is providing early intervention services.

Record – any information, collected, maintained, and/or used by the early intervention system, recorded in any way including, but not limited to, handwriting, print, computer media, video or audio, tape, film, microfilm and microfiche.

Referral - the action taken by any individual or agency to connect a family with the AzEIP system, or to other services or systems.

Screening – the informal and formal procedures to identify concerns in a child's development that may indicate that the child has a developmental delay or disability as defined by the State of Arizona and, therefore, may need an evaluation to determine eligibility for early intervention services. Screening may include observations, family interviews, review of medical or developmental records, or administration of specific screening instruments.

Secretary - Secretary of the United States Department of Education or an official or employee of the Department acting for the Secretary under a delegation of authority.

Service Coordinator - the person responsible for service coordination. Service coordinators may be employed or assigned in any way that is permitted under Arizona law, as long as it is consistent with the requirements of IDEA, Part C. Arizona's policies and procedures for implementing the statewide system of early intervention services are designed and implemented to ensure that service coordinators are able to effectively carry out, on an interagency basis, the functions and services listed above, under "Service Coordination."

Service coordinators must be persons who have demonstrated knowledge and understanding about:

- A. infants and toddlers who are AzEIP eligible;
- B. IDEA, Part C and its regulations; and
- C. the nature and scope of services available under Arizona's early intervention program, the system of payments for services in the State, and other pertinent information.

State – The State of Arizona

State Interagency Team – a group consisting of one representative from each of the AzEIP Participating State Agencies. Each representative has sufficient authority to engage in policy planning and implementation on behalf of her/his agency.